

UNITED STATES DISTRICT COURT, DISTRICT OF NEW MEXICO
SENTENCING MINUTE SHEET

CR No.	18-2105 JTM	USA vs.	CHOC-AC		
Date:	07/17/2018	Name of Deft:	JAYRON JOEL CHOC-AC		
Before the Honorable		J. THOMAS MARTEN, SENIOR UNITED STATES DISTRICT JUDGE			
Time In/Out:	10:10 AM – 10:16 AM		Total Time in Court (for JS10):		6 MINUTES
Clerk:	JOANN O. STANDRIDGE		Court Reporter:		LCR TORTUGAS
AUSA:	JONI AUTREY		Defendant's Counsel:		ANDRE POISSANT
Sentencing in:	LAS CRUCES, NM		Interpreter:		VELIA SALINAS
Probation Officer:	ELIZABETH GONZALEZ		Sworn?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Convicted on:	<input checked="" type="checkbox"/> Plea	<input type="checkbox"/> Verdict	As to:		<input checked="" type="checkbox"/> Information <input type="checkbox"/> Indictment
If Plea:	<input checked="" type="checkbox"/> Accepted	<input type="checkbox"/> Not Accepted	Adjudged/Found Guilty on Counts:		
If Plea Agreement:	<input type="checkbox"/> Accepted	<input type="checkbox"/> Not Accepted	<input checked="" type="checkbox"/> No Plea Agreement	Comments:	
Date of Plea/Verdict:	06/27/2018		PSR:		<input checked="" type="checkbox"/> Not Disputed <input type="checkbox"/> Disputed
PSR:	<input checked="" type="checkbox"/> Court Adopts PSR Findings	Evidentiary Hearing:		<input checked="" type="checkbox"/> Not Needed	<input type="checkbox"/> Needed
Exceptions to PSR:					
SENTENCE IMPOSED			Imprisonment (BOP): 31 DAYS OR TIME SERVED, WHICHEVER IS LESS		
Supervised Release:			Probation:		
<input checked="" type="checkbox"/>	Court recommends ICE reunite defendant w/minor daughter prior to commencing deportation proceedings. (Note: Daughter is in NY)				ICE not applicable
SPECIAL CONDITIONS OF SUPERVISION					
<input type="checkbox"/>	No re-entry without legal authorization		<input type="checkbox"/>	Home confinement for ____ months ____ days	
<input type="checkbox"/>	Comply with ICE laws and regulations		<input type="checkbox"/>	Community service for ____ months ____ days	
<input type="checkbox"/>	Part in/success complete subst abuse program/testing		<input type="checkbox"/>	Reside halfway house ____ months ____ days	
<input type="checkbox"/>	Part in/success complete mental health program		<input type="checkbox"/>	Register as sex offender	
<input type="checkbox"/>	Refrain from use/possession of alcohol/intoxicants		<input type="checkbox"/>	Participate in sex offender treatment program	
<input type="checkbox"/>	Submit to search of person/property		<input type="checkbox"/>	Possess no sexual material	
<input type="checkbox"/>	No contact with co-defendant and co-conspirators		<input type="checkbox"/>	No computer with access to online services	
<input type="checkbox"/>	No entering, or loitering near, victim's residence		<input type="checkbox"/>	No contact with children under 18 years	
<input type="checkbox"/>	Provide financial information		<input type="checkbox"/>	No volunteering where children supervised	
<input type="checkbox"/>	Grant limited waiver of confidentiality		<input type="checkbox"/>	Restricted from occupation with access to children	
<input type="checkbox"/>	Participate in an educational or vocational program		<input type="checkbox"/>	No loitering within 100 feet of school yards	
<input type="checkbox"/>	OTHER:				
Fine:	\$		Restitution:	\$	
SPA:	\$	WAIVED	Payment Schedule:	<input type="checkbox"/> Due Imm.	<input checked="" type="checkbox"/> Waived
OTHER:					
<input checked="" type="checkbox"/>	Advised of Right to Appeal		Waived Appeal Rights per Plea Agreement		
<input checked="" type="checkbox"/>	Held in Custody		Voluntary Surrender		
	Recommended place(s) of incarceration:				
	Dismissed Counts:				
OTHER COMMENTS					